

October 31, 2009

Honorable Robert D. Drain.
One Bowling Green
New York, NY 10004-1408

Re: Delphi Corporation, et al.
Case No. 05-44481

This letter is to advise you that on October 31, 2009, Creditor Denise C. Olbrecht mailed a Request for Payment of an Administrative Expense Claim (copy enclosed) to the Claims Agent, Kurtzman Carson Consultants, at 2335 Alaska, Ave., El Segundo, CA 90245 in the above-captioned case.

On July 13, 2009, Creditor filed an administrative expense claim against Debtor for contractual unpaid post-petition severance payments. A copy of that claim is attached to the current claim as Exhibit 2.

Because Creditor has not received all of its severance payments from Debtor and Reorganized Debtor, and because it is unclear whether or not those unpaid severance payments will be paid under the Modified Plan of Reorganization, this Request for Payment of an Administrative Expense Claim is being filed by the November 5, 2009 bar date as a protective measure for the unpaid balance at October 31, 2009.

On October 31, 2009 Creditor also served copies on Counsel for the Debtors and Counsel for the Creditors' Committee, as required, at the following addresses.

Counsel for the Debtors

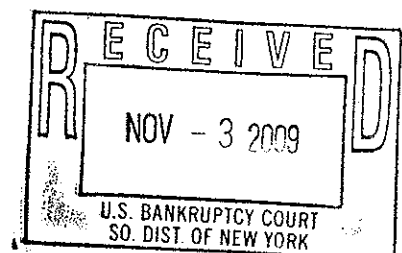
Mr. John Wm. Butler, Jr.
Skadden, Arps, Slate, Meagher & Flom LLP
155 North Wacker Drive
Chicago, IL 60606

Counsel for the Creditors' Committee

Mr. Robert J. Rosenberg
Latham & Watkins
885 Third Avenue
New York, NY 10022-4834

Sincerely,

Denise C. Olbrecht
Denise C. Olbrecht



United States Bankruptcy Court Southern District of New York Delphi Corporation et al. Claims Processing c/o Kurtzman Carson Consultants LLC, 2335 Alhambra Avenue El Segundo, California 90245		Administrative Expense Claim Form	
Debtor against which claim is asserted: Delphi Corporation, et al. 05-44481		Case Name and Number In re Delphi Corporation, et al. 05-44481 Chapter 11, Jointly Administered	
NOTE: This form should not be used to make a claim in connection with a request for payment for goods or services provided to the Debtors prior to the commencement of the case. This Administrative Expense Claim Request form is to be used solely in connection with a request for payment of an administrative expense arising after commencement of the case but prior to June 1, 2009, pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) Denise C. Olbrecht Name and Address Where Notices Should be Sent Denise C. Olbrecht P.O. Box 1152 Troy, Michigan 48069-1152 Telephone No. 248-703-7405		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: Delphi Employer Identification No. 1001890		Check here if this claim replaces or amends a previously filed claim, dated: _____	
1. BASIS FOR CLAIM Goods sold _____ Services performed _____ Money loaned _____ Personal injury/wrongful death _____ Taxes _____ Other (Describe briefly) _____		Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (GSA not broken) Your social security number Delphi Employer Identification No. 1001890 Unpaid compensation for services performed April 1, 2009 (date) (date)	
2. DATE DEBT WAS INCURRED January 28, 2009		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIMS: 69,541.90 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
5. Brief Description of Claim (attach any additional information): Debtor entered into a post-petition Separation Allowance Agreement with Creditor Denise C. Olbrecht on 1/28/2009 for severance/wages to be paid in 24 semi-monthly installments beginning 4/15/2009. Creditor is filing this administrative expense claim for unpaid severance/wages and retired, unpaid FICA and FICA-HI tax employer contributions provided for under the Agreement. Refer to Exhibit 1 for further details.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Any attachment must be 8-1/2" by 11".			
8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date Oct 31, 2009		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Denise C. Olbrecht Denise C. Olbrecht	

EXHIBIT 1

United States Bankruptcy Court

Southern District of New York

Delphi Corporation et al. 05-44481

Creditor: Denise C. Olbrecht - Delphi Employee Identification No. 1001890

Attachment to Administrative Expense Claim Form Dated October 31, 2009

On July 13, 2009, Denise C. Olbrecht ("Creditor") filed an administrative expense claim against Delphi Corporation ("Debtor") for contractual unpaid post-petition severance payments. A copy of that claim is attached as Exhibit 2.

Because Creditor has not received all of its severance payments from Debtor and Reorganized Debtor, and because it is unclear whether or not those unpaid severance payments will be paid under the Modified Plan of Reorganization, this administrative expense claim is being filed by the November 5, 2009 bar date as a protective measure for the unpaid balance at October 31, 2009.

On January 28, 2009, a written post-petition Separation Allowance Agreement (the "Agreement") was entered into between Delphi Corporation ("Debtor") and its employee Denise C. Olbrecht ("Creditor") pursuant to Debtor's severance plan for unclassified executives. According to the Agreement, severance pay in the total amount of \$155,040.00, less applicable deductions, is to be paid in twenty-four semi-monthly installments commencing on April 15, 2009. The Agreement further provides for an additional payment of \$2,000.00 as set forth in the Agreement. Through October 31, 2009, Creditor received fourteen semi-monthly installment payments in the total amount of \$90,440.00. In addition, Creditor also received the additional \$2,000.00, less applicable withholding, to help pay for health care coverage. Total severance/wages agreed to be paid, subject to employee withholding, amounts to \$157,040.00.

Through October 31, 2009, Creditor has received fourteen of the twenty-four, semi-monthly installment severance/wage payments totaling \$90,440.00 plus the \$2,000.00 health care subsidy; less applicable employee withholding. The last two semi-monthly installment payments were paid by New Delphi Automotive Systems 1, LLC ("Reorganized Debtor"). Creditor believes that Debtor and Reorganized Debtor have paid their share of Federal Insurance Contributions Act ("FICA") tax and hospital insurance ("FICA-HI") tax required under Section 3111 of the Internal Revenue Code on behalf of Creditor to the United States Department of Treasury in the total amounts of \$5,731.28 and \$1,340.38, respectively, which represents the statutory FICA rate of 6.2% and the FICA-HI rate of 1.45% on wages of \$92,440.00 (\$90,440.00 + \$2,000.00). As of October 31, 2009, the total amount of unpaid severance/wages is \$69,541.90 which consists of \$64,600.00 for ten unpaid severance/wage installments; \$4,005.20 for unpaid employer's share of FICA tax on unpaid severance/wage installments (6.2% X \$64,600.00); and \$936.70 for unpaid employer's share of FICA-HI tax on unpaid severance/wage installments (1.45% X \$64,600.00). The unpaid FICA and FICA-HI taxes are owed to the United States Department of Treasury by Debtor and Reorganized Debtor on behalf of Creditor.

EXHIBIT 1 of 7

United States Bankruptcy Court Southern District of New York Delphi Corporation et al. Claims Processing c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue El Segundo, California 90245		Administrative Expense Claim Form	
Debtor against which claim is asserted: Delphi Corporation, et al. 05-44481		Case Name and Number In re Delphi Corporation, et al. 05-44481 Chapter 11, Jointly Administered	
NOTE: This form should not be used to make a claim in connection with a request for payment for goods or services provided to the Debtors prior to the commencement of the case. This Administrative Expense Claim Request form is to be used solely in connection with a request for payment of an administrative expense arising after commencement of the case but prior to June 1, 2009, pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) Denise C. Olbrecht		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address Where Notices Should be Sent Denise C. Olbrecht P.O. Box 1152 Troy, Michigan 48099-1152 Telephone No. 248-703-7405		<div style="text-align: center; font-size: 2em; font-weight: bold;">COPY</div> <div style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</div>	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: Delphi Employer Identification No. 1001890		Check here if this claim replaces amends a previously filed claim, dated: _____	
1. BASIS FOR CLAIM Goods sold _____ Services performed _____ Money loaned _____ Personal injury/wrongful death _____ Taxes _____ Other (Describe briefly) _____		Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number Delphi Employer Identification No. 1001890 Unpaid compensation for services performed April 1, 2009 (date) (date)	
2. DATE DEBT WAS INCURRED January 28, 2009		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 125,175.42 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
5. Brief Description of Claim (attach any additional information): Debtor entered into a post-petition Separation Allowance Agreement with Creditor Denise C. Olbrecht on 1/28/2009 for severance/wages to be paid in 24 semi-monthly installments beginning 4/15/2009. Creditor has learned that Debtor will not be making any payments after its emergence from bankruptcy which is scheduled to occur some time in July, 2009. Creditor is filing this administrative expense claim for unpaid severance/wages and related, unpaid FICA and FICA-HI tax employer contributions provided for under the Agreement. Refer to Exhibit 1 for further details.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Any attachment must be 8-1/2" by 11".		RECEIVED JUL 13 2009 KURTZMAN CARSON CONSULTANTS	
8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date July 10, 2009		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Denise C. Olbrecht Denise C. Olbrecht	

EXHIBIT 1

United States Bankruptcy Court

Southern District of New York

Delphi Corporation et al. 05-444481

Creditor: Denise C. Olbrecht - Delphi Employee Identification No. 1001890

Attachment to Administrative Expense Claim Form Dated July 10, 2009

On January 28, 2009, a written post-petition Separation Allowance Agreement (the "Agreement") was entered into between Delphi Corporation ("Debtor") and its employee Denise C. Olbrecht ("Creditor") pursuant to Debtor's severance plan for unclassified executives. A copy of the Agreement is attached as Exhibit 2. According to the Agreement, severance pay in the total amount of \$155,000.00, less applicable deductions, is to be paid in twenty-four semi-monthly installments commencing on April 15, 2009. The Agreement further provides for an additional payment of \$2,000.00 as set forth in the Agreement. Through June 30, 2009, Creditor received six semi-monthly installment payments in the total amount of \$38,760.00. In addition, Creditor also received the additional \$2,000.00, less applicable withholding, to help pay for health care coverage. Total severance/wages agreed to be paid, subject to employee withholding, amounts to \$157,000.00.

Through June 30, 2009, Creditor has received six of the twenty-four, semi-monthly installment severance/wage payments totaling \$38,760.00 plus the \$2,000.00 health care subsidy; less applicable employee withholding. Creditor believes Debtor has paid its share of Federal Insurance Contributions Act ("FICA") tax and hospital insurance ("FICA-HI") tax required under Section 3111 of the Internal Revenue Code on behalf of Creditor to the United States Department of Treasury in the total amounts of \$2,527.12 and \$591.02, respectively, which represents the statutory FICA rate of 6.2% and the FICA-HI rate of 1.45% on wages of \$40,760.00 (\$38,760.00 + \$2,000.00). Also attached as Exhibit 3, in support of the above-claimed payments and withholdings, is a copy of Creditor's June 30, 2009, pay stub received from Debtor. As of July 10, 2009, the total amount of unpaid severance/wages is \$125,175.42 which consists of \$116,280.00 for eighteen unpaid severance/wage installments; \$7,209.36 for unpaid employer's share of FICA tax on unpaid severance/wage installments (6.2% X \$116,280.00); and \$1,686.06 for unpaid employer's share of FICA-HI tax on unpaid severance/wage installments (1.45% X \$116,280.00). The unpaid FICA and FICA-HI taxes are owed to the United States Department of Treasury by Debtor on behalf of Creditor.

Creditor has learned that in a June, 2009, "all-employee" meeting held by Debtor at its Troy, Michigan World Headquarters, Rodney O'Neal, Debtor's Chief Executive Officer and President, announced that under Debtor's modified reorganization plan filed in June, 2009, severance payments remaining due under separation allowance agreements entered into prior to June, 2009, will not be paid following Debtor's emergence from bankruptcy which is planned to occur during July, 2009. Creditor is filing this administrative expense claim for unpaid severance/wages and related, unpaid FICA and FICA-HI tax employer contributions provided for under the Agreement which Creditor believes, per the above announcement, will not be paid by Debtor after July 10, 2009. Creditor will amend this claim to account for severance/wage payments and related FICA and FICA-HI tax contributions made by Debtor subsequent to July 10, 2009.

Delphi Corporation
Separation Allowance Plan Release of Claims

I have been separated from my employment with Delphi Corporation ("Delphi") effective April 1, 2009 under terms which make me eligible for benefits under the Separation Allowance Plan (the "Plan"). These benefits include Severance Pay in the total amount of \$155,040.00, less applicable deductions, to be paid in 24 semi monthly installments commencing on April 15, 2009, and Other Transition Assistance, comprised of outplacement assistance and \$2000 which I may, at my discretion, use to help pay for the continuation of health care coverage through Delphi; provided, however, that, if I am eligible to retire with corporate contributions for health care in retirement at the time of my separation, I am not eligible for this \$2,000. I acknowledge that the consideration provided for in this Release of Claims is in excess of anything I would otherwise be entitled to receive absent my signing this Release of Claims.

In consideration for receiving these benefits, I, for myself, family, heirs, and representatives, release, remise, and forever discharge Delphi, General Motors Corporation, and their respective officers, shareholders, subsidiaries, affiliates, joint ventures, employee benefit plans, agents and employees, successors, and assigns from any and all manner of actions, causes of actions, suits, proceedings, damages, costs, and claims whatsoever in law or in equity (collectively "Claims"), which I have or may have based upon or in connection with my employment with or separation from Delphi. This release specifically includes all Claims under the Employee Retirement Income Security Act of 1974, as amended, which regulates employee benefit plans; Title VII of the Civil Rights Act of 1964, as amended, which prohibits discrimination in employment based on race, color, national origin, religion, or sex; the Americans with Disabilities Act, which prohibits discrimination in employment based on disability; the Age Discrimination and Employment Act, which prohibits discrimination in employment based on age; the Equal Pay Act, which prohibits wage discrimination; state fair employment practices or civil rights laws; and any other federal, state or local law, order, or regulation or the common law relating to employment or employment discrimination, including those which preclude any form of discrimination based on age. This includes, without limitation, Claims for breach of contract (either express or implied), slander, libel, defamation, and wrongful discharge. This release does not apply to Claims that are not subject to waiver under applicable law. This covers Claims I know about and Claims I do not know about; but does not cover Claims that arise after I separate from Delphi.

I understand that, by accepting benefits under the Plan, I will no longer be entitled to receive any disability benefits (short-term, long-term, or total and permanent) under the Delphi Life and Disability Benefits Program for Salaried Employees of the Delphi Retirement Program for Salaried Employees relating to any disability that arose or arises at any time, and if I am currently receiving or am eligible to receive disability benefits as of the effective date of this Release of Claims, I understand that such benefits or eligibility for such benefits will cease upon the effective date of this Release of Claims.

I have been given a minimum of forty-five (45) calendar days to review this Release of Claims and a written notice of the ages and job titles of all individuals in the same job classification or organizational unit who were (i) selected and (ii) who were not eligible or not selected for separation. I understand that I may use as much of this forty-five (45) day period as I wish. I have been advised to consult an attorney before signing this Release of Claims, but understand that whether or not I do so is exclusively my decision. I understand that I may revoke this Release of Claims within seven (7) days of my signing it. To be effective, the revocation must be in writing and must be received by Michael Waters before the close of business on the seventh (7th) day after I sign this Release of Claims.

I acknowledge that Delphi has made no prior representations, promises, or agreements relating to my employment and separation contrary to this Release of Claims. I understand that I am not eligible for benefits Delphi provides under any other separation program and that I will not be eligible for any enhancements Delphi may subsequently make to the benefits provided under the Plan. This Release of Claims constitutes the entire and only understanding between Delphi and me regarding my separation. If any provision or portion of this Release of Claims is held unenforceable or invalid, all remaining provisions of this Release of Claims remain in full force and effect.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THIS RELEASE OF ALL KNOWN AND UNKNOWN CLAIMS. I AFFIRM THAT I UNDERSTAND AND VOLUNTARILY AGREE TO ITS TERMS.

Signed: Denise C. Olbrecht

Delphi Identification Number (DIN): 1001890

Dated: January 28, 2009

Accepted: Michael Waters
Delphi Corporation

IN ACCORDANCE WITH YOUR INSTRUCTIONS A DEPOSIT HAS BEEN MADE ON THE DATE INDICATED TO THE BANK ACCOUNT DESIGNATED BY YOU IN THE AMOUNT OF NET PAY REFLECTED ON THE ATTACHED STATEMENT OF EARNINGS AND DEDUCTIONS. NOTIFY YOUR PAYROLL DEPARTMENT IMMEDIATELY IN THE EVENT OF A CHANGE IN BANK ACCOUNT NUMBER.